

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <b>515-388</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2002</b> Through <b>12 31 2002</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME <b>PRODUCTION SERVICE AND SALES DISTRICT COUNCIL</b>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <b>ROBERT</b> Last Name <b>RAO</b> P.O. Box • Building and Room Number (if any)  Number and Street <b>9201 4TH AVENUE</b> City <b>BROOKLYN</b> State ZIP Code + 4 <b>NY 11209-</b>	
5. DESIGNATION (Local, Lodge, etc.) <b>INTERNATIONAL</b>		6. DESIGNATION NUMBER	
7. UNIT NAME (if any) <b>UFCW</b>			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number	Description		
11	PROD. SERVICE AND SALES DISTRICT COUNCIL HEALTH FUND - # 11-1889115		
11	PROD. SERVICE AND SALES DISTRICT COUNCIL PENSION FUND # 11-2006994		
14	ABE STEINBERG - CPA - 50 MERRICK ROAD, ROCKVILLE CENTRE, N.Y. 11570		
16	ROBERT J. RAO - SECY - TREAS - LOCAL 517-S PSSDC UFCW-AFL-CIO		
16	MICHAEL LA SALLE - SECY - TREAS - LOCAL 815-S PSSDC UFCW-AFL-CIO		
24	WITHDRAWAL LIABILITY UNDER ERISA - \$189,700 - QUARTERLY PAYMENTS - \$424		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <b>3.3.103</b> (718) 491-4700 Date Telephone Number		77. SIGNED: <b>03.10.03</b> (718) 491-4700 Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

03-089-012 (515388)  
\* 5 1 5 3 8 8 \*

*During the Reporting Period Did Your Organization:*

10. Have a "subsidiary organization" as defined in Section X of the instructions? .....

Yes No  
X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....

X

12. Have a political action committee (PAC) fund? .....

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....

X

15. Discover any loss or shortage of funds or other property? .....  
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? .....

X

17. Liquidate or reduce any liabilities without disbursement of cash? .....

X

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?

7400

19. What is the date of your organization's next regular election of officers?

MO YEAR  
12 2004

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

310000

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 14 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 25
(c) Transfer Fees	\$
(d) Work Permits	\$ per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No  
X

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....

X

24. Did your organization have any contingent liabilities at the end of the reporting period? .....

X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 515-388

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash .....		100 476	130 117
	26. Accounts Receivable .....			
	27. Loans Receivable .....	1		
	28. U.S. Treasury Securities .....			
	29. Investments .....	2		
	30. Fixed Assets .....	5	14 552	12 647
	31. Other Assets .....	3	2440	2440
	32. TOTAL ASSETS .....		117 468	145 204
LIABILITIES	33. Accounts Payable .....		0	
	34. Loans Payable .....	8	0	
	35. Mortgages Payable .....		0	
	36. Other Liabilities .....	4	650	2089
	37. TOTAL LIABILITIES .....		650	2089
	38. NET ASSETS (Item 32 less Item 37) .....		116 818	143 115

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 515-388

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....			56. To Officers .....	9	440599
40. Per Capita Tax .....		1116529	57. To Employees .....	10	95224
41. Fees .....			58. Per Capita Tax .....		380286
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	94032
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		79200
46. Interest .....		231	63. Benefits .....	11	93274
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	2100
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		46037
50. Loans Obtained .....	8		67. Withholding Taxes .....		262117
51. Repayments of Loans Made .....	1	9000	68. Purchase of Investments & Fixed Assets .....	7	228
52. On Behalf of Affiliates for Transmittal to Them .....		21640	69. Loans Made .....	1	9000
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	484114	71. To Affiliates of Funds Collected on Their Behalf .....		20286
			72. On Behalf of Individual Members...		
			73. Other Disbursements .....	15	78950
55. TOTAL RECEIPTS .....		1631514	74. TOTAL DISBURSEMENTS .....		1601873

FILE NUMBER: 515-388

## SCHEDULE 1 — LOANS RECEIVABLE

Form LM-2 (Revised 2000)

# **SCHEDULE 2 — INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 515-388

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1. DEPOSITS AS SECURITY	2440
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. EXCHANGES - UFCW Pension	1990
2. N.J. GROSS INC. TAX PAYABLE	99
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2089
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 515-388

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	23865	11218	12647	12647
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	23865	11218	12647	12647
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	0
Enter the Total from Line 8 in ..... Item 49				

# **SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 515-388

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. HARD DRIVE FOR COMPUTER - (SHARED COST)	228	228	228
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		228
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <span style="margin-left: 100px;">↑ Item 34 Column (C)</span> <span style="margin-left: 100px;">↑ Item 50</span> <span style="margin-left: 100px;">↑ Item 70</span> <span style="margin-left: 100px;">↑ Item 75 with Explanation</span> <span style="margin-left: 100px;">↑ Item 34 Column (D)</span>					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 515-388

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: RAO First Name: ROBERT Title: PRESIDENT Status: C		237 564	0	1 023 4	0	247 798
2. Last Name: LA SALLE First Name: MICHAEL Title: SECY TREASURER Status: C		179 111	0	9 077	0	188 188
3. Last Name: BRISCOE First Name: KENNETH Title: RECORDING SECY Status: C		99 555	0	785	0	100 340
4. Last Name: BORRIELLO First Name: JACQUEL Title: V PRES AT LARGE Status: N		44 898	0	0	0	44 898
5. Last Name: RIOS First Name: CASHMER Title: V PRES AT LARGE Status: N		39 600	0	0	0	39 600
6. Last Name: DE SIMONE First Name: JOSEPH Title: V PRES AT LARGE Status: C		0	0	0	0	0
7. Last Name: LA SORSA First Name: SAVERIO Title: V PRES AT LARGE Status: N		38 400	0		0	38 400
8. Totals from additional pages (if any)			0	0	0	0
9. Totals of Lines 1 through 8		639 128	0	2 009 6	0	659 224
10. Less Deductions				218 625		
Enter the Total from Line 11 in ..... Item 56 →				11. Net Disbursements 440 599		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 515-388

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Last Name DEGATI Position OFFICE Name of Affiliated Organization	First Name ERICA	34808	0	0	0	34808
2. Last Name KOPPMAN Position OFFICE Name of Affiliated Organization	First Name GEORGE	58609	0	0	0	58609
3. Last Name LONANO Position OFFICE Name of Affiliated Organization	First Name SCOTT	5600	0	0	0	5600
4. Last Name MILAN Position OFFICE Name of Affiliated Organization	First Name MAYLIA	6009	0	0	0	6009
5. Last Name TORRES Position ORGANIZER Name of Affiliated Organization	First Name NYDIA	33600	0	175	0	33775
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7		138626	0	175	0	138801
				9. Less Deductions		43577
Enter the Total from Line 10 in.....				Item 57 →		10. Net Disbursements
						95224

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 515-388

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION FUND CONTRIBUTIONS	PSSDC PENSION FUND	5939
2. MEDICAL INSURANCE	BLUEX-BLUESHIELD-HORIZON	66273
3. GROUP LIFE INSURANCE	NORTH AMERICAN BENEFIT	1138
4. PRESCRIPTION PLAN	GENL PRESCRIPTION PROGRAM	19924
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		93274
Enter the Total from Line 6		↑ Item 63

# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. NY COLLEGE OF PODIATRY	400
2. FIRST BAPTIST CHURCH	200
3. UFCW MINORITY COALITION	800
4. UFCW JOHNSON FUND	200
5. SWANSON - NY ASSEMBLY	500
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2100
Enter the Total from Line 8 in ↑ Item 64	

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. RENTS	51387
2. TELEPHONE EXPENSE	7312
3. COPIER, STAMP, PRINTING, COMPUT.	24327
4. TOWELS, COFFEE	2778
5. TOLLS, PARKING	7759
6. REPAIRS	469
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	94032
Enter the Total from Line 8 in ↑ Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. REIMBURSED BY AFFILIATES	480593
2. REFUND - COMP. INSURANCE	2746
3. REFUND - DBL INSUR	661
4. REIMBURSED GROUP LIFE INS	81
5. REIMBURSED - AUTO EXP	33
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	484114
Enter the Total from Line 17 in ..... Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ORGANIZING, MEETINGS	12510
2. SVCS. RENDERED <sup>SHOP</sup> - STEWARDS	27186
3. FLOWERS, CONDOLENCE	1081
4. INSURANCE	12643
5. XMAS EXPENSE	3723
6. MISCELLANEOUS EXPENSES	111
7. WITHDRAWAL LIABILITY	21696
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	78950
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: PROD SERVICE + SALES DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 515-388

PAGE 1 OF 1 ADDITIONAL PAGES

# **SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: <u>RIVERA</u> First Name: <u>EDWARD</u> Title: <u>VICE PRESIDENT</u> Status: <u>P</u>		0	0	0	0	0
Last Name: <u>BARTOLOTTA</u> First Name: <u>JOHN</u> Title: <u>VICE PRESIDENT</u> Status: <u>P</u>		0	0	0	0	0
Last Name: <u>ROBINSON</u> First Name: <u>JAMES</u> Title: <u>VICE PRESIDENT</u> Status: <u>C</u>		0	0	0	0	0
Last Name: <u>LA SALLE</u> First Name: <u>ROBERT</u> Title: <u>VICE PRESIDENT</u> Status: <u>C</u>		0	0	0	0	0
Last Name: <u>RIVERA</u> First Name: <u>NELSON</u> Title: <u>VICE PRESIDENT</u> Status: <u>C</u>		0	0	0	0	0
Last Name: <u>DOMINI</u> First Name: <u>WILLIAM</u> Title: <u>VICE PRESIDENT</u> Status: <u>C</u>		0	0	0	0	0
Last Name: <u>VERA</u> First Name: <u>FRED</u> Title: <u>VICE PRESIDENT</u> Status: <u>C</u>		0	0	0	0	0
Last Name: <u>FAUCELLA</u> First Name: <u>PETER</u> Title: <u>VICE PRESIDENT</u> Status: <u>C</u>		0	0	0	0	0
Totals						

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 515-388

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						